



STATE OF ARIZONA
DEPARTMENT OF JUVENILE CORRECTIONS
NOTICE OF REQUEST FOR QUOTATION



SOLICITATION NUMBER: J04082
SOLICITATION DUE DATE/TIME: June 8, 2004, 5:00 PM MST
SUBMITTAL LOCATION: Arizona Department of Juvenile Corrections*
Procurement Office
1624 W. Adams, 1st Floor
Phoenix, Arizona 85007-2631

DESCRIPTION: Vocational Education Workstations

In accordance with A.R.S. § 41-2535, written quotations for materials or services specified will be received by the Arizona Department of Juvenile Corrections (Department), at the above specified location, until the time and date cited.

Quotations must be in the actual possession of the Department's Procurement Office on or prior to the exact time and date indicated above. Late quotations will not be considered, except as provided in the Arizona Procurement Code.

The terms and conditions included herein should be reviewed and understood before preparing a quotation. Please reference the name of the Solicitation Contact Person and RFQ number on the outside of the return envelope.

Solicitation Contact Person:

Dave Novak, CPPB

Name

(602) 542-6677

Phone

May 27, 2004

Date

***AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**

**OFFER AND ACCEPTANCE****SOLICITATION NO.: J04082****Arizona Department of Juvenile Corrections
Procurement Office
1624 W. Adams
Phoenix, Arizona 85007-2631****OFFER**

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation.

Arizona Transaction (Sales) Privilege

Tax License No.: _____

For Clarification of this Offer contact:

Name: _____

Federal Employee Identification

No: _____

Phone: _____

FAX: _____

E-Mail: _____

Company Name _____

Signature of Person Authorized to Sign Offer _____

Address _____

Printed Name _____

City _____

State _____

Zip _____

Title _____

OFFER ACCEPTANCE AND CONTRACT AWARD (For State of Arizona use only)

Your Offer to provide Vocational Education Workstations is hereby accepted.

The Contractor is now bound to perform based upon the Solicitation and the Contractor's Offer as accepted by the State. The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until Contractor receives an executed purchase order or Contract release document or written notice to proceed if applicable.

This Contract shall henceforth be referred to as Contract No.: _____

Line Items Awarded: _____

State of Arizona

Awarded this _____ day of _____, 2004

Purchasing Manager _____

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS**SOLICITATION NO.: J04082**

1. **SUBMISSION:** Quotations shall be signed where applicable and received as designated on the cover page of this document, no later than as indicated.
2. **OPENING:** This is an informal quotation which will not be read at a public opening; however, the information may be publicly reviewed after an award.
3. **STANDARD PROVISIONS:** The State's Uniform Terms and Conditions (dated 4/04) are a part of this document as if fully set forth herein. Copies of this document are available upon request.
4. **TAXES:** The State of Arizona is exempt from federal excise tax, but is subject to all applicable State and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.
5. **OFFER REJECTION:** The State reserves the right to waive any immaterial defect or informality; reject any and all Offers or portions thereof; or cancel a Solicitation.
6. **OFFER ACCEPTANCE PERIOD:** An Offeror submitting a quote in response to this Solicitation shall hold its Offer open for sixty (60) days from the due date stated in this Solicitation.
7. **AWARD OF CONTRACT:** Where applicable, the State reserves the right to make multiple awards or to award a Contract by individual line items or alternatives, by group of line items or alternatives, or to make an aggregate award, whichever is deemed most advantageous to the State. If the Procurement Officer determines that an aggregate award to one Offeror is not in the State's best interest, "all or none" Offers shall be rejected.
8. **ERASURES:** Erasures, interlineations, or other modifications must be initialed by the individual signing the Request for Quotation.
9. **UNIT PRICE:** Where applicable, in case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price or rate shall govern.
10. **PAYMENT:** The State will make every effort to process payment for the purchase of goods or service within thirty (30) calendar days after receipt of goods or services and a correct invoice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any Offer that requires payment in less than thirty (30) calendar days shall not be considered.
11. **PAYMENT DISCOUNT:** Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date Department's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the bid price in determining the low bid. However, the Department shall be entitled to take advantage of any payment discount offered, provided payment is made within the discount period.
12. **ARIZONA PROCUREMENT CODE:** The Arizona Procurement Code (A.R.S. Title 41, Chapter 23) and its Rules and Regulations (A.A.C. Title 2, Chapter 7), are made a part of this document as if fully set forth herein. Note: A.R.S. Title 41, Chapter 23 is available at most public libraries; A.A.C. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the Arizona State Procurement Office.
13. **INDEMNIFICATION:** The Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnatee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnatee shall, in all instances,

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS**SOLICITATION NO.: J04082**

except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Contractor from and against any and all claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona. (This indemnification clause shall not apply if the Contractor or subcontractor(s) is/are an agency, board, commission of university of the State of Arizona.)

14. **OFFSHORE PERFORMANCE OF WORK PROHIBITED:** Due to security and identity protection concerns, all services under this Contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.
15. **AMERICANS WITH DISABILITIES ACT:** People with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility; requests for special accommodations must be made with 72 hours prior notice. A person requiring special accommodations may contact the Solicitation Contact Person identified on the first page of this Solicitation.
16. **SMALL BUSINESS SET ASIDE:** In accordance with A.R.S § 41-2535, and A.A.C. R2-7-335, this purchase is restricted to small businesses. A small business is one that, including its affiliates, is independently owned and operated, is not dominate in the type of business it conducts, and which employs fewer than 100 full-time employees or which had gross receipts of less than \$4 million in its last fiscal year. By submitting a quote in response to this Solicitation, an Offeror certifies that it is a small business as defined above.
17. **BRAND NAMES:** Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design, and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any Offer which proposes like quality, design, or performance will be considered. If the description of your Offer differs in any way, you must give a complete detailed description of your quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
18. **WARRANTY.** The warranty period on workmanship and materials shall be a minimum of one (1) year from the date of acceptance. Parts which in normal trade practice carry a warranty in excess of one (1) year, shall be subject to the normal warranty. The Price Sheet shall indicate any additional durations of warranty and applicable limitations or conditions which apply to the additional duration. The Contractor agrees that it will, at its own expense, provide all labor and parts required to remove, repair or replace, and reinstall any such defective items during the term of this warranty. The Contractor shall guarantee the equipment to be supplied complies with all applicable regulations. The Contractor warrants that all:
 - 18.1 Services performed hereunder shall conform to the requirements of this Contract and shall be performed by qualified personnel in accordance with the highest professional standards; and
 - 18.2 Items furnished hereunder shall conform to the requirements of this Contract and shall be free from defects in design, materials and workmanship.
19. **SHIPPING - FOB STATEWIDE.** Prices shall be F.O.B. destination, delivered to the specified receiving point as required by the Department at the time of order. The Contractor shall retain title and control of all goods until they are delivered, received and the Contract of coverage has been completed. All risk of transportation and all related charges shall be the responsibility of the Contractor. All claims for visible and concealed damage shall be filed by the Contractor. The Department will notify the Contractor promptly of any damaged goods and shall assist the Contractor in arranging for inspection.

PRICE SHEET/SPECIFICATIONS**SOLICITATION NO.: J04082****CONTRACT NO.:**

Item	Description of Material, Service or Construction	Quantity	Unit	Unit Price	Extended Price
001	Carpenter Stand Up Workstation, Questech CZ014 or equal.	1	EA	\$	\$
002	Residential Wiring Workstation, Questech CZ086 or equal	1	EA	\$	\$
003	Residential Plumbing Workstation, Questech CZ046 or equal	1	EA	\$	\$
	Prices are to be FOB Destination.				
	SUBTOTAL				\$
	_____ % ARIZONA SALES TAX, STATE, COUNTY, AND CITY*				\$
	TOTAL GROSS OFFER				\$

1. Delivery shall be made _____ calendar days after receipt of order.
2. Payment Terms: _____
3. By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15, I certify that _____ (company name) meets the small business requirements.

Signature _____

Date _____

4. By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15 and Executive Order 2003-09, I certify that _____ (company name) is a ☐ Women-Owned ☐ Minority-Owned business (51% of the organization is controlled by a recognized Woman or minority group(s). If minority owned business, identify minority: _____

Signature _____

Date _____

*Notice: If applicable taxes are not described and itemized on the quote, the State will assume that the price(s) offered includes all applicable taxes.

Ship To Address: Adobe Mountain School – RAC Education
2800 W. Pinnacle Peak Road
Phoenix, AZ 85027

ATTACHMENT A: STATE OF ARIZONA SUBSTITUTE W-9 FORM

SOLICITATION NO: J04082

Pursuant to page 3, paragraph 4.3.4, of the Uniform Terms and Conditions, in order to receive payment under any resulting Contract, the Contractor shall have a current State of Arizona Substitute W-9 Form on file with the State of Arizona.

Attached is the W-9 that should be completed and returned with your offer. Failure to submit the form with your offer, may result in a delay of payment should a Contract be awarded pursuant to this Solicitation.

DO NOT SEND TO IRS	STATE OF ARIZONA SUBSTITUTE W-9 FORM REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION	DO NOT SEND TO IRS
*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****		
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.		
Social Security Number (SSN) OR Employer Identification Number (EIN) <div style="display: flex; justify-content: space-between;"> <div> 2 - </div> <div> 1 - </div> </div>		
Name (is using SSN) or Business Name (if using EIN) - as reported with Social Security Administration or IRS		
DBA, Business, Subsidiary, Trade Name, Other (circle one)		
Remittance Address (if different from main address) Name		
Address		
Main Address (where tax information and general correspondence is to be mailed)		
City, State, and ZIP code		
City, State, and ZIP code		
Contact Name		
Telephone number		
Fax number		
Part II For Payees Exempt From Backup Withholding (See instructions on page 2)		
Check the appropriate box:		
<input type="checkbox"/> (5) Business (check one of the following)		
<input type="checkbox"/> (6) Individual (check one of the following)		
<input type="checkbox"/> (1)(E) State Employee		
<input type="checkbox"/> (2)(G) Federal Agency		
<input type="checkbox"/> (3)(G) Arizona State Agency		
<input type="checkbox"/> (4)(G) Other Governmental Agency		
<input type="checkbox"/> (A) Arizona Corp.-including Non-Profit		
<input type="checkbox"/> (C) PC, PLLC, or LLC		
<input type="checkbox"/> (F) Financial Institution		
<input type="checkbox"/> (H) Benefits Provider		
<input type="checkbox"/> (M) Medical Corp.		
<input type="checkbox"/> (O) Out of State Corp.-including Non-Profit		
<input type="checkbox"/> (P) Professional Assoc.		
<input type="checkbox"/> (S) Sole Owner (using EIN)		
<input type="checkbox"/> (T) Partnership, LLP, or LTD		
<input type="checkbox"/> (U) Public Utility Co.		
<input type="checkbox"/> (7) Other (Non-corporate including, but not limited to conferences, trust funds, receiverships) -PLEASE BRIEFLY DESCRIBE		
<input type="checkbox"/> (8)(B) Board Member		
Minority Business Indicator: (check one of the following that best describes your business)		
<input type="checkbox"/> 01 - Small Business		
<input type="checkbox"/> 02 - Minority Owner Business		
<input type="checkbox"/> 03 - Woman Owner Business		
<input type="checkbox"/> 04 - Small Business/Minority Owner		
<input type="checkbox"/> 05 - Small Business/Woman Owner		
<input type="checkbox"/> 06 - Small Business/Disabled Owner		
<input type="checkbox"/> 07 - Minority Woman Owner Business		
<input type="checkbox"/> 08 - Disabled Minority Owner Business		
<input type="checkbox"/> 09 - Disabled Woman Owner Business		
<input type="checkbox"/> 10 - None of these apply		
Part III Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND		
3. I am a U.S. person (including a U.S. resident alien).		
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on page 2.)		
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.		
Sign Here		
Date		
RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH		
FOR STATE AGENCY USE ONLY		
DO NOT WRITE BELOW THIS LINE		
VENDOR #		
MC(s)		
NEW VENDOR		
TIN CHANGE		
NAME CHANGE		
AGY		
AGENCY CONTACT		
AGENCY CONTACT PHONE #		
EXT		
APPROVED BY (PRINT)		
(SIGNATURE)		
Date		

SUBSTITUTE W-9 INSTRUCTION SHEET

Purpose of form. The State of Arizona is required to file information returns with the IRS and provide correct taxpayer identification numbers (TINs) to report taxable income paid. **THE STATE WILL ISSUE FORM 1099-MISC BY JANUARY 31ST OF THE YEAR AFTER THE YEAR TAXABLE PAYMENTS OF \$600 OR MORE ARE RECEIVED. FOR MORE INFORMATION CONTACT THE STATE AGENCY FOR WHICH YOU PERFORM SERVICES FOR.**

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. You must provide your TIN whether or not you are required to file a tax return. Payors must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payor. Certain penalties may also apply.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payment under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding. If you give the requestor your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requestor, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details.) or
3. The IRS tells the requestor that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requestor that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part III instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Name and Number To Give the Requester

For this type of account	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ⁶
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ¹
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ²
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ³
5. Sole proprietorship	The owner ²
For this type of account	Give name and EIN of:
6. Sole Proprietorship	The owner ²
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Dept. of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments.	The public entity

⁶List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

¹Circle the minor's name and furnish the minor's SSN.

²You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one).

³List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name.

Use Substitute Form W-9 if you are a U.S. person (including a resident alien), to give your correct TIN to the requester and, when applicable to:	Other entities. Enter your business name as shown on the required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.	If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "exempt" in Part II, sign and date the form. If you are a nonresident alien or a foreign entity exempt from backup withholding, see page 1 for a list of appropriate form(s) to submit.
1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).		
2. Certify you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are an exempt payee.	Part I - Taxpayer Identification Number (TIN) You must enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.	Part II-Certification For a joint account, only the person with the TIN in Part I should sign (when required).
If you are a foreign person, IRS requires you use the appropriate form(s) as follows. Instead of Form W-9:		
1. Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding.	If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.	1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
2. Form W-8ECI, Certificate of Foreign Person's Claim For Exemption From Withholding on Income Effectively Connected With the Conduct of a Trade or Business in the United States.	Note: See the chart on this page for further Clarification of name and TIN combinations.	2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. Form W-8EXP, Certificate of Foreign Government or Other Foreign Organization for the United States Tax Withholding.	How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov .	3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
4. Form W-8IMY, Certificate of Foreign Intermediary, Foreign Partnership, or Certain U.S. Branches for United States Tax Withholding.		4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a non-employee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. Form 8233, Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual.		5. Mortgage interest paid by you, acquisition or abandonment or secure property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.
Note: If a requester gives you a form other than Form W-9 or W-8 to request your TIN, you must use the requester's form if it is substantially similar to the IRS form.	If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.	
Specific Instructions	Note: Writing "Applied For" means that you have already applied for a TIN OR that you intend to apply for one soon.	
Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.	Part II-For Payees Exempt from Backup Withholding Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.	
If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.		
Sole proprietor. You must enter your individual name as shown on your social security card. You may enter your business trade, or "doing business as" name on the business name line.		